

2019 ROLLINS BENEFITS DECISION GUIDE

Open Enrollment for 2019

October 22–November 5

Elections effective January 1, 2019.

“
**Everything you need
to know about your
Rollins benefits –
all in one place!**
”

**Know your benefits: Keep this book
and reference it all year long.**



Let's Walk Through Your Rollins Benefits – Together!

Welcome to your Rollins Benefits!

I'm "Pam," your "benefits assistant" for all things Rollins Benefits.

I'm here to help you and your family understand your benefits and where to go for help.



1 Review this guide.

Read up on your benefits now so that you can make good choices during enrollment.

2 Enroll at RollinsBenefits.com.

You will find interactive tools, like my friend ALEX®, that will guide you through your benefit choices. You won't need a password until you click the enrollment link.

3 Get help anytime.

Throughout the year, use RollinsBenefits.com whenever you have questions or need to change your benefits. Visit often for news and tips on using your benefits well.

4 Talk to a real person.

Licensed benefits counselors are available by phone at 1-844-851-5419 from 7 am to 9 pm ET.

Ready to review your options? Let's go!

Look out for these icons for helpful tips on choosing and using your benefits.



Helpful Terms



Tools & Resources



Important Information



Costs & Savings

2019 Open Enrollment: What's New?

Enroll for benefits: October 22 – November 5 on Mercer Marketplace 365

Open Enrollment is your Once-a-Year opportunity to make changes to your benefits! Go to RollinsBenefits.com to review your choices for 2019. When you're ready, link to the enrollment site and log in. Once logged in, click "Benefits" on the left side to review your current benefits and who you're covering (you know, spouse, kids and the like). Then use ALEX to help you decide if you need to make changes for 2019 and see what you'll pay.

What's New for 2019

Below is a chart of the plan changes for 2019. Plus, we're rolling out **new tools and resources** to help you choose and use your benefits all year!

HEADLINES	WHAT IT MEANS FOR YOU
\$800 Deductible Plan Change	<ul style="list-style-type: none">■ Plan deductible changing from \$800 to \$900 (individual) and from \$1,600 to \$1,800 (family).■ Out-of-pocket maximum will increase from \$3,800 to \$4,800 (individual) and from \$7,600 to \$9,600 (family).■ If you are currently enrolled in the \$800 plan and do not actively enroll in a different plan, you will be defaulted into the \$900 Deductible Plan for 2019.■ New ID cards will be issued for the \$900 Deductible Plan.
Medical Premiums	<ul style="list-style-type: none">■ Medical premiums are increasing in line with the national average.
Dental Premiums	<ul style="list-style-type: none">■ Dental premiums are increasing in line with the national average.
Long-Term Disability (LTD)	<ul style="list-style-type: none">■ Slight increase in LTD premiums.■ Rollins will continue to pay half of the LTD premium.
Voya to replace Liberty Mutual	<ul style="list-style-type: none">■ Voya will be the plan administrator for life and disability claims.
MetLife® Hyatt Legal Assistance	<ul style="list-style-type: none">■ Monthly premium for the legal plan changing from \$16.50 to \$17.50.■ Plan enhanced to include divorce services (20 hours) and identity theft protection.
Tobacco Surcharge	<ul style="list-style-type: none">■ Tobacco surcharge will increase from \$100 to \$150 per month, per employee and/or spouse who uses tobacco products.
Health Savings Account (HSA)	<ul style="list-style-type: none">■ The HSA limits will increase to \$3,500 for individual coverage and \$7,000 for family coverage.

All changes will take effect on January 1, 2019, unless otherwise noted.

How to Enroll



Once you're ready to enroll, go to the **Mercer Marketplace 365 enrollment site**. You can link to the site from RollinsBenefits.com.



You can also download the **Mercer Marketplace 365 mobile app (code: RNIATL)** to review and/or change your benefit elections.



If you have any questions, be sure to call **1-844-851-5419** from 7 am to 10 pm Eastern time, Monday through Friday, and 10 am to 2 pm Eastern time on Saturdays. Saturday hours are available throughout Open Enrollment.

Take action by November 5!

- If you don't enroll, your current benefit elections will continue next year, with the exception of Flexible Spending Accounts (FSAs) and Health Savings Account (HSA) contributions.
- You **MUST** actively elect FSA or HSA contribution amounts during enrollment.
- Dependent Documentation is **REQUIRED** if adding a dependent.

Take action by November 5!

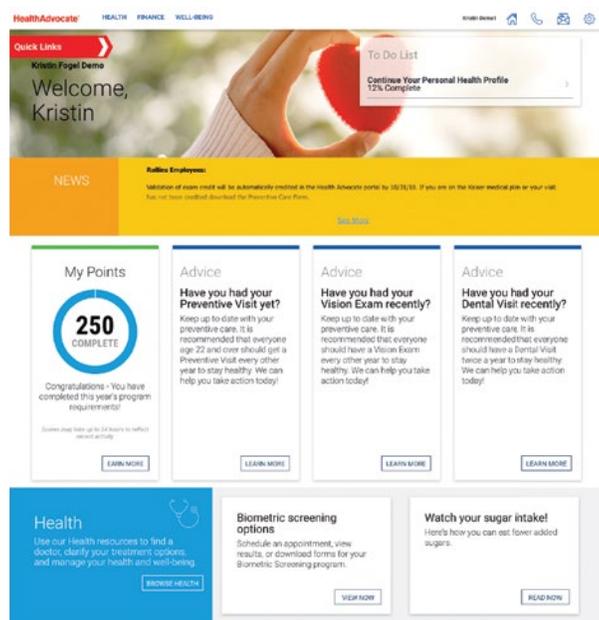
2019 Open Enrollment: What's New?

Enroll for benefits: October 22 – November 5 on Mercer Marketplace 365

New Resources Available Now!

Your Benefits Counselor

ALEX knows our benefit plans better than just about anybody – except of course your Rollins benefits assistant, “Pam.” To get help figuring all this out, go to RollinsBenefits.com and watch a super-short video featuring “Pam” and ALEX. Then, click on the ALEX link and answer a few questions to get started. See page 3 for more on ALEX.



New Health Advocate Wellness Site

Just in time for Open Enrollment, a new personalized portal from Health Advocate.

- Log in to this NEW site to see if your preventive exam was submitted to the medical plan as a wellness check.
- If 250 points appear in your account, that means you are eligible to receive \$250 from Rollins into your 2019 Health Savings Account (HSA)!
- There are a lot more cool tools on the site to help improve your and your family's health!
- Check out the new Health Advocate Wellness portal today at www.healthadvocate.com/rollins.

Learn more on page 35.

Note: If you had a wellness exam by September, your completion status will show by mid-October. If your exam points are not showing on the site, call your health plan to make sure it was coded as a wellness check. Kaiser members will need to complete the Preventive Exam Form found on the Health Advocate portal to receive the \$250.

HSA Company Contribution for 2020 will be based on dates of service for the wellness exam between 10/1/2018-07/31/2019.



Once you open the HSA, you will receive a debit card that you can use to pay eligible medical, pharmacy, dental and vision expenses. And best of all, the remaining funds roll over year-to-year and are yours to take with you if you ever leave the company!



Update from Anthem: For 2019, your BCBS GA plan benefits and network will remain the same; however, the plan will now be called Anthem Blue Cross/Blue Shield.



Remember, you cannot change your benefit elections outside of Open Enrollment unless you experience a qualified life event. Examples on qualified life events include a marriage, divorce, birth or adoption of a child and more. To make a change due to a life event, you will be required to upload proof of the event to the Mercer Marketplace. Requests must be made within 30 days of the event.

Take action by November 5!

In this Guide

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Everything you need to know to make the best decisions, before you enroll.

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See what you'll pay for coverage for most benefits on pages 27-29.



Know who to call when you need help. See pages 39-40.

CHOOSING YOUR BENEFITS



Meet Alex!



ALEX is an online interactive tool that will help you select the best benefit plan for you and your family. When you talk to ALEX, he'll ask you a few questions about your healthcare needs, crunch some numbers, and point out what makes the most sense for you. Anything you tell ALEX remains anonymous. And, ALEX works on any device you've got.

How Alex Works

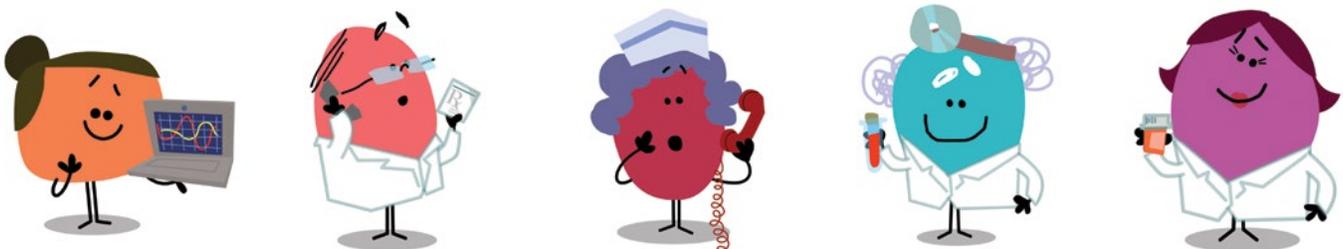
ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.). You may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he'll recommend the least expensive plan for your needs.

You'll probably spend about seven minutes with ALEX, but it really just depends on how much guidance you'd like. ALEX can even save your place, so you can come back and then pick up right where you left off.

Get Started!

You can access this great and awesome tool at RollinsBenefits.com!



Getting Started

Enrolling in Benefits

Log in

When you're ready to enroll, go to the Mercer Marketplace 365 enrollment site (link to it from [RollinsBenefits.com](https://rollinsbenefits.com)) and use your current username and password to log on. If you're enrolling for the first time, you'll need to click "Create an account" and follow the prompts to create your username and password. Please note that you must use your full formal name, including Jr, Sr, II, or III at the end, or you won't be able to get into the system to register.

Enroll in benefits

Click on the "Get started" button, and follow these three simple steps. It's easy as 1, 2, 3!



1 Profile

- Carefully review your personal information – especially your mailing address, as this is where your ID cards will be mailed.
 - If you need to update your address, complete the Change of Address form available on [RollinsBenefits.com](https://rollinsbenefits.com), or contact the Payroll Department at **1-888-818-2409**.
- Enter information for any dependents you wish to cover, if needed.

2 Enrollment

- Answer some questions to help identify the best coverage for your needs.
- Compare plan features and costs.
- Use the educational resources to learn more about your plan options.
- Select the benefits you want to enroll in.

3 Confirmation

- Review the benefits summary and confirm your enrollment selections.
- Print a copy of your enrollment confirmation for your personal records.



Need help? Call the Mercer Marketplace 365 Benefits Call Center at 1-844-851-5419. They also have Spanish-speaking representatives available. Si prefieres hablar sobre esto en español, seleccione la opción 5.

Need Health Benefits Information in Another Language?

No need to worry – your plan offers translation assistance

We know it can be confusing and even intimidating trying to understand health benefits information when English isn't your primary language. That's why our plans offer translation assistance for our members who speak and read English as a second language.

Translation assistance is just a phone call away. Simply call the number on your ID card and ask your plan's representative for translation assistance.

Making Changes to Your Benefits During the Plan Year

Benefit changes occurring as a result of a life event require the following actions, per IRS 125 guidelines:

- Process your enrollment or election change(s) on the Mercer Marketplace 365 enrollment site (access from [RollinsBenefits.com](https://rollinsbenefits.com)), or call the Benefits Call Center at **1-844-851-5419**.
- Provide proof of your life event. For example, depending on the event, you will need to provide a marriage certificate, birth certificate, most recent income tax return or a certificate of coverage from a previous employer.

Note: Coverage changes due to a life event must be requested within **30 days** of the event.



Most common life events:

- Birth or adoption of a child (including stepchildren and legally placed foster children)
- Death of a covered dependent
- Marriage or divorce (legal separation or ending a partnership)
- A change in employment status of a covered member, his/her spouse or his/her covered dependent(s), that affects eligibility for coverage under a cafeteria or other qualified healthcare plan
- Loss of eligibility status by a covered dependent

Complete information is available online at [RollinsBenefits.com](https://rollinsbenefits.com) – under the menu, click “Change in Status Events” for more details.

Protect those who matter

Your Rollins benefits also cover your eligible dependents:

The Medical Plan, Dental, Vision, Flexible Spending Account (FSA) and Employee Assistance Program (EAP) can cover: your legal spouse; your natural, adopted or stepchild(ren), up to age 26; your disabled child(ren) over the age of 26, with proof of disability.

Documentation is required to add dependents to your coverage as proof of your relationship and/or your child's age. Examples include a marriage certificate, birth certificate, adoption certificate, and income tax returns.



If both you and your spouse are benefits-eligible Rollins employees, you cannot be covered as a dependent and as an employee on any plan.

2019 Medical Plan Options

Rollins offers five medical plan options – two traditional PPO plans and three higher deductible plans that include a Health Savings Account (HSA).

- \$900 Deductible Plan
- \$1,500 Deductible Plan
- \$2,850 Deductible Plan with HSA
- \$4,500 Deductible Plan with HSA
- \$6,550 Deductible Plan with HSA

How are the plans the same?

1. **Preventive care** – in all of the plans, in-network preventive care is covered at 100%.
2. **Deductible** – for non-preventive care, you pay 100% of the cost for medical care until you meet the medical plan deductible.
3. **Coinsurance** – there are no copays in these medical plans. After you meet the deductible, you and Rollins share in the cost of care up to the out-of-pocket maximum. In the \$6,550 Deductible Plan, Rollins pays 100% of eligible expenses after you meet the deductible.
4. **Out-of-Pocket Maximum** – after you reach the out-of-pocket maximum, Rollins pays 100% of your eligible expenses for the rest of the year.

How are the plans different?

1. **Premiums per pay period** – premiums are higher in the PPO Plans and lower in the HSA Plans.
2. **Different tax-free accounts you can contribute to** –
 - **Healthcare Flexible Spending Account (FSA):** If you enroll in either the \$900 Deductible or \$1,500 Deductible Plan.
 - **Health Savings Account (HSA):** If you enroll in any of the HSA-eligible plans. Plus, Rollins will contribute \$250 to your HSA. If you are a new hire, you will receive the Company contribution – no questions asked! After that, you will be required to get a wellness preventive exam.

Regardless of the medical plan you enroll in or if you decide to waive medical coverage, you can enroll in a Dependent Day Care FSA, to use for eligible child and elder day care services.

3. How prescription drug coverage works

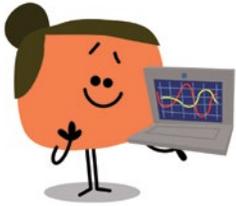
- In the \$900 Deductible and \$1,500 Deductible Plans, you **do not** need to meet the deductible for prescription drug coverage. And, prescription drug costs **do not** count toward the medical plan deductible.
- In the HSA plans, you **do** need to meet the deductible for prescription drug coverage, (except for preventive medications on the Optum HDHP Preventive Drug \$0 Copay List, which are covered at 100% – excluding the Kaiser plans) and prescription drug costs **do** count toward the medical plan deductible.



In the HSA Plans, you pay a little less from your paycheck (than the PPO Plans), but more out of pocket when you see the doctor. See what you'll pay for medical coverage on page 27.

Choosing the Best Plan for You

Tools that can help you choose



Get ready to talk to Alex – an interactive tool designed to walk you through your benefit choices. You can access ALEX on [Rollinsbenefits.com](https://rollinsbenefits.com). See page 3 to learn more about how it works.

- **Mercer Marketplace 365 Plan Shopping App** – models scenarios based on the type of care you might need in the coming year. The Plan Shopping App can be found at the top of the medical benefits page on the Mercer Marketplace 365 enrollment site. Look for the “Compare plans & customize your cost” tab which will link to the tool.
- **Health Plan Comparison Charts** – allows you to compare key points of the different options for the medical, dental and vision plans. See pages 9–10 for medical, page 18 for dental and page 19 for vision.
- **Provider Directory** – allows you to search for physicians/health providers and hospitals/facilities in the plans’ networks, including medical, dental and vision providers and facilities. You can access the directory from the plans’ websites.

Helpful Terms

- **Insurance Premium** – the amount you pay for your health insurance coverage, deducted from your paycheck each pay period. Remember, the plan with the lowest premium may not be the best option for you and your family.
- **Copayment** – a fixed dollar amount you pay for a covered healthcare service.
- **Deductible** – the amount you pay for covered services before your plan begins to pay. For non-preventive care, you will pay 100% of the cost of services until you meet your deductible.
- **Coinsurance** – your and the plan’s share of the cost for a covered service, after you meet the deductible.
- **Out-of-Pocket Maximum** – the most you will have to pay for covered services in a plan year. Once you meet the out-of-pocket maximum, the plan will pay 100% of the cost of covered services.



When you go to the doctor, you pay the full cost of the bill if you haven’t met the deductible.

For example, if the service costs \$100, you pay \$100. That’s true for all of our medical plans. So always ask to know what your service costs upfront to avoid surprises.



Quit Tobacco, and Save on Medical and Critical Illness Insurance Premiums!

If you use tobacco, you’ll pay more for medical and critical illness insurance out of your paycheck. And, according to the Center for Disease Control (CDC), you may also end up paying a lot more for medical care in the future if you don’t kick the habit.

Take advantage of the Quit for Life® Program available to you and your dependents for free. See page 31 to learn how you can pay less for medical and critical illness coverage, and how Rollins can help you quit using tobacco!



How to Find a Network Provider

We offer four medical plan administrators depending on where you live.

Anthem

1. Go to www.anthem.com, and under "Useful Tools," click "Find a Doctor."
2. Under "What type of care are you searching for?," select "Medical." Then, choose your state. Enter the name of your state, or use the drop-down list.
3. Then, select a plan/network. Select the **National PPO BlueCard PPO** (Georgia residents see network below).
4. Click "Select and Continue."
5. Using the drop-down boxes, select what type of doctor and the location you're looking for, then click "Search."
6. For more info about a provider (like skills and training), just select that name in the directory.



You may also call Anthem Member Services at **1-877-331-4331**.

 **Georgia Residents Enrolled in an Anthem Plan**
If you live in Georgia, you have access to a different network of medical providers. When you search for an in-network provider on the Anthem website, make sure to choose the **Blue Open Access POS Network**.

UHC

www.myUHC.com

Under "Links and Tools," select "Find Medical and Mental Health Providers and Facilities." Choose either "Medical Directory" or "Mental Health Directory," then click on the "All UnitedHealthcare Plans" box. Select the **"Choice Plus"** network.

Scott & White Health Plan (Texas residents)

In the Dallas Fort Worth, Waco and Austin areas, we also offer the Scott & White Health Plan Accountable Care Organization network. If you live in one of those cities, go to <https://portal.swhp.org/#/search> and choose the **BSW Preferred PPO Network** in the drop-down list, under "Select a Plan."

Find it fast!

Anthem	<ul style="list-style-type: none">• www.anthem.com• 1-877-331-4331	<ul style="list-style-type: none">• National PPO BlueCard PPO network of providers• Georgia residents use the Blue Open Access POS network
UHC	<ul style="list-style-type: none">• www.mercer.welcometouhc.com• 1-844-859-5009	<ul style="list-style-type: none">• UHC Choice Plus Network
Scott & White Health Plan	<ul style="list-style-type: none">• www.swhp.org• 1-800-321-7947	<ul style="list-style-type: none">• BSW Preferred PPO network

Kaiser

Kaiser members have contact information that varies by region, see page 11.

Medical Plan Comparison Chart

The medical charts below show what you pay for covered services.

	\$900 DEDUCTIBLE PLAN		\$1,500 DEDUCTIBLE PLAN	
	In-network	Out-of-network	In-network	Out-of-network
Deductible – All services are subject to the deductible unless otherwise indicated				
Individual – Single coverage	\$900	\$3,000	\$1,500	\$3,000
Family	\$1,800	\$6,000	\$3,000	\$6,000
Maximum Annual Out-of-Pocket Limit (includes deductible)				
Individual	\$4,800	\$9,600	\$5,200	\$10,400
Family	\$9,600	\$19,200	\$10,400	\$20,800
Physician Services Provided in an Office Setting				
■ Wellness/Preventive Care	\$0	40% after deductible	\$0	40% after deductible
■ Primary Care Provider/Office Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Specialist Office Visit				
■ Surgery				
■ Lab Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Maternity Care*	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Allergy Testing and Allergy Shots	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital Services				
■ Physician Services (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Hospital Facility Services inpatient care (includes inpatient short-term rehabilitation services)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Labs Services, Skilled Nursing and Hospice	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Hospital/Facility Services				
■ Physician Services (may include surgery, anesthesiology, pathology, radiology and/or maternity care/delivery)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Hospital Facility Services Outpatient Care (including outpatient surgery and diagnostic testing)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Emergency Room	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Urgent Care Services				
■ Ambulance Services (land or air ambulance for medically necessary emergency transportation only)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Other Services				
■ Home Health*	20% after deductible	20% after deductible	20% after deductible	20% after deductible
■ Home Nursing Care*				
■ Durable Medical Equipment				
■ Chiropractic Care; Physical Therapy; Speech Therapy; Occupational Therapy; Cardiac Therapy	20% after deductible	20% after deductible	20% after deductible	20% after deductible
■ Cochlear Implants	20% after deductible	20% after deductible	20% after deductible	20% after deductible
■ Hearing Aids – Children (18 years of age and under)**				
Behavioral Health & Substance Abuse				
■ Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Partial Hospitalization				
■ Office Visit				
■ Outpatient Facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible
■ Intensive Outpatient				
■ ABA/Autism Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible

* Benefits for Kaiser CA will vary.

** Limited to \$1,000 per hearing impaired ear per calendar year

Kaiser Permanente: A Great Option for Good Health

What you get

Choose your doctor and get the great care you deserve when and where you need it.

- Carefully selected doctors from top schools like Harvard
- Medical offices, most including labs, X-rays and pharmacies all under one roof
- Kaiser urgent care centers and affiliated centers open 24/7
- 24/7 nurse advice
- Affiliated hospitals for inpatient care
- Emergency coverage anywhere you travel
- Health resources including: wellness and chronic conditions coaching, in-person health classes, online tools like emailing your doctor's office and discounts on health services like fitness clubs, vision and more

The Kaiser Difference

Kaiser Permanente is different because your doctors and your insurance work together—breaking down barriers, eliminating hassles and making care more convenient and affordable for you.

THE EXPERIENCE	WITH OTHER HEALTH PLANS...	WITH KAISER PERMANENTE MEDICAL OFFICES...
Getting care	You drive all around town to see doctors, take lab tests, get X-rays or fill prescriptions.	You can see your doctor or specialist, plus get lab tests, X-rays, and prescriptions all in the same building at most of our locations. See a doctor in another Kaiser office whenever it's more convenient.
Coordinating care	You're on your own to work with unconnected doctors, specialists, pharmacies, hospitals and other providers. You could repeat the same tests, answer the same questions and just hope to avoid drug interactions.	Your personal doctor is your advocate and Kaiser coordinates all your care. All of your providers — across all locations — see your electronic medical record, so you can quickly get the care that's right for you.
Getting approval	Your doctor asks the insurance company to approve a test or procedure, which means you may wait days for an answer.	If your doctor thinks you need something, he/she simply orders it on the spot. No referrals are needed to see any Kaiser Permanente specialist.
Out-of-pocket costs	You're often surprised by the things your insurance doesn't cover. Doctors are paid for each service they provide, so you could pay for duplicate tests, X-rays and other services you don't need.	You'll have coverage that's designed to minimize surprise out-of-pocket costs. And because our providers are all connected, you pay for just the care you need to keep you healthy or get you better.
In between visits	It's up to you to remember instructions, wait days or weeks for test results and play phone tag with your doctor to get questions answered.	Details of your visits and lab results are at your fingertips online or through our mobile app. Refill prescriptions, make appointments and even email your doctor with questions.

Get Help in Your Region

REGION	MEMBER SERVICE NUMBER	PRESCRIPTION DRUG FORMULARY	FIND A PROVIDER* (WWW.KP.ORG AND CLICK "CHOOSE YOUR REGION")
Colorado	<ul style="list-style-type: none"> ■ Denver: 1-303-338-3800 ■ Mountain: 1-844-837-6884 ■ Northern: 1-844-201-5824 ■ Southern: 1-888-681-7878 	CO Marketplace Formulary	<ul style="list-style-type: none"> ■ Denver/Boulder/Mountain/Northern: in the Health Plan drop down, choose "HMO" ■ Southern Colorado: in Health Plan drop down, choose "HMO"
Georgia	<ul style="list-style-type: none"> ■ 1-888-865-5813 	Formulary for 2018 HMO Members	Choose the "HMO or EPO" network
Mid-Atlantic (Washington, D.C., Maryland and Virginia)	<ul style="list-style-type: none"> ■ 1-301-468-6000 	DC, MD and VA Marketplace Formulary	Choose "Kaiser Permanente Physicians"
Northwest (Oregon and South Washington)	<ul style="list-style-type: none"> ■ Oregon: 1-800-813-2000 ■ Southern WA: 1-800-813-2000 	2018 KP NW Commercial Formulary	One network of providers
Northern and Southern California	<ul style="list-style-type: none"> ■ 1-800-464-4000 	2018 CA Marketplace Formulary	One network of providers
Washington (Seattle/Spokane/Tacoma areas)	<ul style="list-style-type: none"> ■ 1-888-901-4636 	Large Employer Group: 3 tier In-Network Pharmacy Benefit	One network of providers

* All plans/networks are for HMO, DHMO and HSA plans. Note: Do not select any PPO, POS, Multi-Select Providers or Products networks.

Pharmacy Benefits Summary

All of the medical plans available to you include coverage for prescription drugs. OptumRx is our prescription drug administrator for Anthem, UHC and the Scott & White Health Plan. Specialty drugs are administered by BrioRx. If you enroll in a Kaiser medical plan, Kaiser will administer your prescription drug benefits.

The chart below shows what you will pay for prescription drugs. You must use an in-network pharmacy or your prescription drug will not be covered. Formulary lists of covered drugs can be found on RollinsBenefits.com.

Optum Rx

	\$900 DEDUCTIBLE PLAN*	\$1,500 DEDUCTIBLE PLAN	\$2,850 DEDUCTIBLE PLAN	\$4,500 DEDUCTIBLE PLAN	\$6,550 DEDUCTIBLE PLAN
Retail					
Generic	30% (max you pay is \$20)	20%	30%, after deductible	30%, after deductible	\$0, after deductible
Preferred brand	30% (max you pay is \$50)	20%	30%, after deductible	30%, after deductible	\$0, after deductible
Non-preferred brand	45% (max you pay is \$80)	20%	30%, after deductible	30%, after deductible	\$0, after deductible
Mail-order					
Generic	30% (max you pay is \$50)	20%	30%, after deductible	30%, after deductible	\$0, after deductible
Preferred brand	30% (max you pay is \$125)	20%	30%, after deductible	30%, after deductible	\$0, after deductible
Non-preferred brand	45% (max you pay is \$200)	20%	30%, after deductible	30%, after deductible	\$0, after deductible

* In the Kaiser California plan, maximums will vary.

In the \$900 Deductible and \$1,500 Deductible Plans, prescription drug costs do not count toward the medical plan deductible, nor are you required to meet the deductible before the prescription coinsurance applies.

Take advantage of mail order

Mail order pharmacies are a convenient and cost-effective way to order long-term medications such as medication for high blood pressure or diabetes. You can get up to a 90-day supply of maintenance medications delivered to your home.

The Mail Order program is not mandatory. If you take a maintenance drug – like high blood pressure medications or birth control – you can choose whether to use a retail pharmacy or use the Mail Order program.



Some prescriptions are expensive, so keep that in mind when selecting which plan is right for you. If you choose one of the HSA plans, be prepared to pay the full cost of your prescriptions until you meet the medical plan deductible, unless your medication is on the Optum HDHP \$0 copay list, then it will be **free***.



*If a drug is excluded on the premium drug list, it will be excluded on the Optum HDHP Preventive Drug \$0 Copay List.

Understand your prescription drug coverage

It's really important to understand how prescription drugs are covered under each plan option. When deciding which plan to select, be sure to consider whether you or a covered family member uses expensive, nonmaintenance medications. If so, you may want to consider enrolling in the \$900 or \$1,500 deductible plans since you only pay coinsurance for your prescriptions and do not need to meet the deductible first. In all plans, the deductible is waived for certain preventive medications.

\$900 AND \$1,500 DEDUCTIBLE PLANS	\$2,850, \$4,500 AND \$6,550 DEDUCTIBLE PLANS
<p>You pay a percentage of the prescription drug cost, depending on the tier of drug, without having to meet the deductible. Remember, the cost of the medication does not count toward your medical plan deductible. In the \$900 deductible plan, there is a cap on the cost of your prescription drugs to limit what you pay for out of pocket.</p>	<p>You pay the full cost of the prescription until you meet the deductible.</p> <p>You and Rollins do not begin to share in the cost of the prescription until the full medical plan deductible is met.</p>



In the Anthem, UnitedHealthcare and Scott & White HSA-eligible plans, Rollins covers many preventive medications and Lifescan One Touch diabetic test strips at 100% – without having to meet the medical plan deductible. You can review the Optum HDHP Preventive Drug \$0 Copay List on RollinsBenefits.com to see what's included. Kaiser will cover certain preventive and maintenance drugs without having to meet the deductible, but coinsurance may apply. Many drugs will be covered at low or no cost.

Let's see how this looks in an example...

Mary has a prescription for a preferred brand drug. The prescription costs \$500 at her local pharmacy. Let's see how much Mary would pay depending on the plan option she chooses.

PLAN OPTION	MARY'S RX BENEFIT: SHE PAYS	MARY'S COST
\$900 Deductible Plan	30% of the cost, up to a \$50 max	\$50
\$1,500 Deductible Plan	20% of the cost	\$100
\$2,850, \$4,500 and \$6,550 Deductible Plans	The full cost until she meets the deductible	\$500



Save on your prescriptions!

Use OptumRx's Price and Save Tool to compare the cost of medications at local and home delivery pharmacies. Access Optum's tool at RollinsBenefits.com. From the menu, click "Medical", then "Prescription Drugs", and look for "Save on your prescriptions".

If you enroll in the Kaiser plans, you can find a pharmacy, see what drugs are covered and refill mail order prescriptions all online through Kaiser's website.

Mercer Marketplace 365 HUB

Imagine you've been told you need a medical procedure to treat a recently diagnosed condition. It's hard to know where to start. How will you find the best doctor, and what will it cost? Where can you get a second opinion? What if you need help resolving a complicated bill or claim issues?

If you enrolled in a Rollins medical plan for 2019, you may also enroll in the Mercer Marketplace 365 HUBSM, a benefit that provides one-on-one support—online and by phone—to help you improve the quality and cost of your care.

By enrolling in the 365 HUB, you will have year-round access to personal health advocacy services, price comparison tools, physician performance ratings, expert medical opinions and more.

Learn more about the 365 HUB, see costs and enroll when you visit RollinsBenefits.com.

Find an Advocate

The 365 HUB has a team of registered nurses, medical directors, and benefits and claims specialists who work together to help you. When you enroll, the 365 HUB is available to you and your covered family members.

A personal health advocate with expert knowledge about your benefits will help you:

- Find the right doctor
- Schedule appointments quickly
- Resolve healthcare billing and insurance claims disputes
- Secure elder care with confidence, including answering Medicare questions
- Work seamlessly with insurance providers
- Transfer medical records promptly and securely
- Get an expert medical opinion

Compare Prices: Health Cost Estimator+

Health Cost Estimator+ is an easy-to-use online tool offered through the 365 HUB. You'll see what you can expect to pay for a medical procedure at different locations (based on the medical plan you're enrolled in), and you can easily compare prices to help make the right choice for your needs and budget.

The cost of healthcare services can vary significantly, even within the same geographic area and health plan.

Here are just a few examples:

- Knee replacement surgery: \$18,887 – \$57,194
- MRI: \$450 – \$2,450
- Colonoscopy: \$1,314 – \$3,007

Compare Quality

With the Mercer Marketplace 365 HUB, you can review the quality scores of doctors in your area, based on your condition and need. Scorecards include:

- Physician performance scores
- Quality analysis
- Experience and outcomes ranking
- Evaluations based on billions of doctor-patient interactions

Get Expert Medical Opinions

Don't hesitate to get another opinion, especially if it's a concerning or serious condition. The 365 HUB gives you and your covered family members access to world-class specialists who will review your case and give you an expert opinion on your diagnosis and treatment plan. It's peace of mind at a time when you may need it most. 365 HUB accepts all cases and sticks with you every step of the way.



Supplemental Medical Plans

Being diagnosed with a critical illness, getting into an accident or having an unexpected hospital stay can impact your finances in a huge way. Supplemental medical benefits can help bridge the gap between your medical plan's coverage by providing a lump sum cash benefit that you decide how to spend.

Critical Illness Plan

The Critical Illness Plan offered by Aflac provides **\$ cash \$** benefits when an insured person is diagnosed with or treated for a covered critical illness—and these benefits are paid directly to you (unless you choose otherwise). The plan provides a lump sum benefit to help cover the out-of-pocket medical expenses and living expenses that can accompany a critical illness.

Plan benefits

You may elect a lump sum benefit of \$10,000 for your coverage. The benefit amount for a covered spouse and covered children is 50% of your benefit amount. In order to elect spouse coverage, you must first elect the coverage for yourself. You can cover your children at no additional cost.

COVERED CRITICAL ILLNESS	BENEFIT AMOUNT (PERCENTAGE OF \$10,000 LUMP SUM)
Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery	25%
Severe Burns*	100%
Paralysis**	100%
Coma**	100%
Loss of Speech/Sight/Hearing**	100%

* This benefit is only payable for burns due to, caused by and attributed to a covered accident.

** These benefits are payable for loss due to a covered underlying disease or a covered accident.

Initial diagnosis

An insured member may receive up to 100% of the coverage amount upon being diagnosed with a covered critical illness.

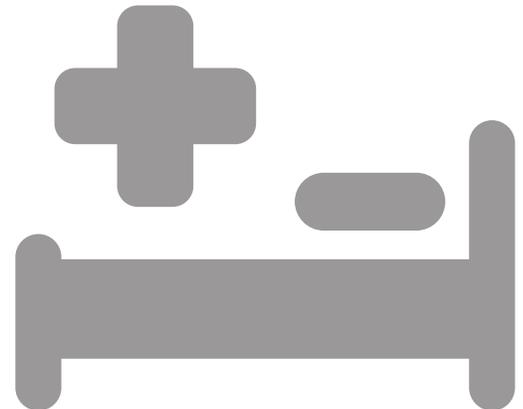
Additional diagnosis

Once benefits have been paid for a covered critical illness, Aflac will pay benefits for each different critical illness or the same illness when the date of diagnosis is separated by at least six consecutive months, and the new critical illness is not caused or contributed to by a critical illness for which benefits have been paid. Cancer diagnoses are subject to the cancer diagnosis limitation.

The Critical Illness coverage described here is subject to plan limitations, exclusions, definitions and provisions. For detailed information, please see the plan brochures on RollinsBenefits.com, as this material is intended to provide general summaries of the coverage. These overviews are subject to the terms, conditions and limitations of the plans.



Make sure you're covered for an unexpected medical expense. Consider your options and see what you'll pay for supplemental medical coverage on page 28.



Accident Insurance*

Accident insurance offered by Aflac pays you **\$ cash \$** for specific injuries and events resulting from a covered accident. The amounts paid depend on the type of injury and care received.

How can Accident insurance help?

You can use the benefit however you would like. Below are a few examples:

- Medical deductibles and copays
- Child care
- House cleaning
- Everyday expenses like utilities and groceries

Who is eligible for Accident insurance?

- You (all active, benefits-eligible employees)
- Your legal spouse
- Your child(ren) up to age 26

What benefits may I qualify for?

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident:

- Accident hospital care
- Follow-up care
- Common injuries
- Emergency care benefits

Do I need to provide health information in order to apply?

No, there are no medical questions or tests required for coverage.

COVERAGE	BENEFITS PER INSURED
Hospital Admission <i>Paid when, because of a covered accident, you are injured, require hospital confinement and are confined to a hospital for at least 24 hours within six months after the accident date. We will pay this benefit once per calendar year.</i>	\$750
Daily Hospital Confinement <i>Paid when, because of a covered accident, you are injured and those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date. The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.</i>	\$150/day, up to 365 days
Hospital ICU	\$300/day, up to 30 days
ER Care	\$125/per 24 hours period, per covered accident
Ambulance	\$150/accident (\$750 for air)
Fractures – Open	Up to \$5,000
Physical Therapy	\$20/visit, up to six visits

Are there any exclusions or limitations?***

Benefits are not payable for any loss caused or contributed to by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated, as defined by the jurisdiction where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for or participating in any semiprofessional or professional competitive athletic contest for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by sickness.

* Accident insurance is a limited benefit policy; it is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

** Exclusions and limitations may vary by state. Consult with your certificate of insurance for exact language.



Hospital Indemnity Plan*

What is Hospital Indemnity insurance?

Hospital Indemnity insurance pays **\$ cash \$** if you have a covered stay in a hospital**, critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay.

How can Hospital Indemnity insurance help?

You can use the benefit however you would like. While coverage amounts may vary, below are a few examples:

- Medical expenses, such as deductibles and coinsurance
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

Who is eligible for Hospital Indemnity?

- You (all active, benefits-eligible employees)
- Your legal spouse
- Your child(ren) up to age 26

What Hospital Indemnity insurance benefits are available?

The following list includes the benefits provided by hospital indemnity insurance.

- Hospital – \$500 per admission and \$100 per day, up to 180 days per confinement
- Intensive Care Unit – \$100 per day, up to 30 days per confinement



Do I need to provide health information in order to apply?

No, there are no medical questions or tests required for coverage.

Are there any exclusions or limitations***?

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of any such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

* This is a limited benefit policy; Hospital Indemnity insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

** A hospital is not: a nursing home; an extended care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

*** Exclusions and limitations may vary by state. Consult your certificate of insurance for exact language.

Dental

We offer three dental plans through Cigna: Basic Plus, Enhanced and an HMO option. Regardless of the plan you choose, you'll pay less when you use an in-network dentist. You must assign a Primary Dental Provider (or PDP) when you enroll in the Dental HMO. To find a network dentist, go to www.mycigna.com.

Visit your dentist regularly

Rollins dental plans cover two free cleanings and required X-rays per year. Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke and preterm, low-weight births.

Your dental options

The chart below shows what **you pay** for covered services.

	BASIC PLUS DENTAL PLAN	ENHANCED DENTAL PLAN	DENTAL HMO
Network	Total DPPO Network	Total DPPO Network	Dental Care Access Network
Annual maximum benefit	\$1,000	\$2,000	N/A
Individual/family deductible (waived for preventive services)	\$50/\$150	\$50/\$150	\$0/\$0
Preventive services	\$0	\$0	\$0
Basic services	30%	20%	Copays vary by service*
Major services	50%	50%	Copays vary by service*
Orthodontia coinsurance/ lifetime maximum	Not covered	50%/\$2,500	Copays vary by service*

* You only pay a set amount for services. For a list of services, go to RollinsBenefits.com, click "Dental and Vision," then click "Dental."

The Dental HMO schedule on RollinsBenefits.com includes a complete list of covered services and the copays. Unlike the PPO plan where you pay a percentage of the negotiated rate, the DHMO has a negotiated set of copays for each service. For example, a crown will cost between \$410-\$490 under the DHMO copay schedule.



Not sure which plan is right for you and your family? ALEX can help! Go to RollinsBenefits.com and answer a few questions. He will suggest which plan is right for you. See what you'll pay for dental coverage on page 28.



Vision

Our EyeMed Vision Care plan saves you money on routine eye exams and eye care items. The EyeMed network includes thousands of provider locations. To find a network provider near you, visit www.eyemedvisioncare.com or call 1-866-723-0514.

Vision doctors can also treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy (damage to the blood vessels of the retina due to diabetes)
- Glaucoma
- Macular degeneration (damage to the center of the retina, usually due to old age)

Your vision options

The chart below shows what **you pay** for covered services.

	STANDARD PLAN		ENHANCED PLAN	
In-network	Copay	Frequency	Copay	Frequency
Exam	\$10	1 per 12 months	\$10	1 per 12 months
Lenses	\$25	1 per 12 months	\$10	1 per 12 months
	Retail allowance	Frequency	Retail allowance	Frequency
Frames	\$130	1 per 24 months	\$175	1 per 12 months
Contact Lenses (in lieu of frames and lenses)	\$130	1 per 12 months	\$175	1 per 12 months
Contact Lenses (fit and follow up)	Up to \$40	1 per 12 months	Up to \$40	1 per 12 months
Member cost schedules	Progressive lenses	Anti-Reflective coating	Progressive lenses	Anti-Reflective coating
Standard	\$90 copay	\$45	\$10 copay	\$45
Tier 1*	\$110 copay	\$57	\$30 copay	\$57
Tier 2*	\$120 copay	\$68	\$40 copay	\$68
Tier 3*	\$135 copay	80% of charge	\$55 copay	80% of charge
Tier 4*	\$90 copay; then you pay 80% of charge, less \$120 allowance	N/A	\$10 copay; then you pay 80% of charge, less \$120 allowance	N/A
Laser vision correction	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A

* The four tiers indicate the copay associated with a specific brand of progressive and anti-reflective lenses. To see what's included in each tier, go to RollinsBenefits.com, and under the menu, click "Dental and Vision," then click "Vision" for more details.



Think about how much vision care you might need for the year. If you and your covered dependents all wear glasses, the Enhanced Plan might be better for you. See what you'll pay for vision coverage on page 28.



Life Insurance

Life insurance benefits can help protect your family's financial future when the unexpected occurs.

Life Insurance

Protect your family's income in the event of a death due to illness or accident with life insurance and accidental death and dismemberment insurance provided by Voya.

What coverage is available to you and your family?

Basic Life with Accidental Death and Dismemberment (AD&D)*

- Automatically enrolled for 1x your annual earnings (including commissions), up to \$150,000 (no cost to you)
- Coverage guaranteed
- Matching amount of AD&D insurance

* Under current tax laws, you are required to pay income taxes on the "value" of any company-provided Basic Life insurance coverage that exceeds \$50,000. The "value" is determined by your age and the schedule established by the IRS. You will see this tax liability, called "imputed income," reflected on your paycheck stub.

Voluntary Term Life (VTL) and AD&D Insurance*

- You can purchase additional term life and AD&D insurance in \$25,000 increments, up to a maximum of \$1,000,000.
- You have a one-time opportunity when you are first eligible to elect coverage with no questions asked. If you are electing coverage greater than \$500,000 when first eligible, you will be subject to Evidence of Insurability (EOI). However, at each Open Enrollment, you will have an opportunity to increase \$25,000 and not provide EOI.
- Elections above the guaranteed issue amount require EOI.

Spouse Voluntary Term Life*

- You can purchase coverage for your spouse in \$25,000 increments, up to a \$250,000 maximum.
- If you and your spouse both work for Rollins, you may be covered as an employee or a spouse, but not both.
- You have a one-time opportunity when you are first eligible to elect coverage of up to \$25,000 with no questions asked. If you are electing coverage greater than \$25,000, your spouse will be subject to EOI.

* At age 65, coverage reduces to 65% of original amount; at age 70, coverage reduces to 50%.

Child Voluntary Term Life

- You can purchase coverage for your child(ren) in \$5,000 increments, up to a \$20,000 maximum. All children are covered under one premium.
- Children are eligible from live birth up to 26 years of age.
- A child may be covered by only one Rollins parent.
- No EOI is required.



Rollins basic life coverage may not be enough to take care of your and your family's expenses if something happens. You might need more coverage. See what you'll pay for Life coverage on page 29.



No Evidence of Insurability (EOI) means no health questions.

Disability Insurance

Did you know that at least 51 million working adults in the United States are without disability insurance other than the basic coverage available through Social Security¹? It is also true that only 48 percent of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income². We insure our health, home and even our cars. But, it's also important to insure your paycheck with benefits like Short-Term and Long-Term Disability coverage. Rollins offers Short-Term and Long-Term Disability coverage through Voya, which can pay a percentage of your pay if you become injured or are unable to work.

SHORT-TERM DISABILITY (STD)*	LONG-TERM DISABILITY (LTD)**
<ul style="list-style-type: none"> ■ Provides a weekly benefit of 50% of your weekly earnings to a maximum of \$2,500 per week. ■ Seven-day waiting period before illness and injury coverage begins. ■ You must use sick time or other paid time off during the waiting period. ■ If you enroll in STD and you live in a state that provides state disability insurance (SDI), such as Hawaii, New York, New Jersey, California or Rhode Island, you may only receive a limited benefit from the Rollins STD plan. The plan administrator for the Rollins STD benefit will offset any SDI benefit up to the maximum benefit provided through the Rollins' plan. If you live in one of these states, research whether or not this benefit would pay you in the event of a short-term disability before you enroll in the Rollins' STD plan. 	<ul style="list-style-type: none"> ■ Provides a benefit of 60% of your salary up to a maximum of \$15,000 per month. ■ Benefits begin on the 91st day after your event. ■ Benefits continue as long as you meet the definition of disabled under the policy, subject to the later of the schedule in the policy or your normal Social Security retirement age.

* Grandfathered HomeTeam employees receive company-paid weekly STD coverage of 100% of basic weekly earnings.

** The Rollins long-term disability benefit is divided into classes based on earnings of (a) under \$100,000 or (b) \$100,000 or greater. Eligibility for benefit payment is based on an employee's inability to perform either their "own occupation" or "any occupation" based on the class definition of disabled. For this reason, when an employee's earnings cross the \$100,000 threshold, different eligibility rules apply. Sales Inspectors have a separate LTD policy, which includes an additional disability definition of "own job."



For STD and LTD, Evidence of Insurability (EOI) is required unless you are enrolling as a newly hired employee within 45 days of employment.



See what you'll pay for coverage and examples of how to calculate what you'll pay on page 29.



¹.American Council of Life Insurers

² Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2016

Healthcare Tax-Free Accounts

Save money on healthcare

A Health Savings Account (HSA) and/or Flexible Spending Account (FSA) allow you to pay for eligible healthcare, prescription drug, dental or vision expenses. Your contributions to these accounts are tax-free, saving you money on federal and state income taxes and Social Security taxes.

Spending Account Snapshot – What accounts am I eligible to have?

	HEALTHCARE FSA	HEALTH SAVINGS ACCOUNT (HSA)
Available to Employees:	<ul style="list-style-type: none"> ■ Enrolled in the \$900 Deductible or \$1,500 Deductible Plan ■ Not enrolled in a Rollins medical plan 	<ul style="list-style-type: none"> ■ Enrolled in the \$2,850 Deductible, \$4,500 Deductible or \$6,550 Deductible Plan
Annual contributions:	<ul style="list-style-type: none"> ■ You can contribute up to \$2,650 	<ul style="list-style-type: none"> ■ Rollins contributes \$250 to your account if you get a free preventive exam ■ You and Rollins may contribute a total of: <ul style="list-style-type: none"> – Employee only – \$3,500 – Family – \$7,000 ■ If you are age 55 or older, you may contribute an additional \$1,000
Use it or lose it?	<ul style="list-style-type: none"> ■ Yes, money cannot be carried over to the next year 	<ul style="list-style-type: none"> ■ No, the money in your account is always yours to keep

Healthcare FSA

If you are enrolled in the \$900 or \$1,500 deductible plan, you can contribute to a Healthcare FSA.

Features of the FSA

- Contribute up to \$2,650 annually.
- Choose your contribution amount once a year (if your personal situation changes, such as getting married or having a baby, you may be able to change your election during the year).
- Your entire contribution is available at the beginning of the plan year that you can use to pay for expenses right away.
- Use a debit card to pay for your eligible expenses.
- Unused money does not carry over at the end of each year – use it or lose it.

Key things to know

- Your plan year begins January 1 and ends December 31.
- Each pay period, your account contributions will be automatically deducted from your paycheck (tax-free) and deposited into your Healthcare FSA.
- Expenses incurred prior to the effective date of your participation in the FSA are not eligible for reimbursement.
- You will forfeit your remaining balance in the FSA if you do not submit reimbursement request by March 31.
- You are eligible to participate in the FSA the first of the month after two months of employment. Only part-time employees considered eligible by the Affordable Care Act (ACA) working an average of 30 hours per week or more over the prior twelve months are eligible to participate in the plan.
- You can submit expenses for yourself and your dependents, including adult children (up until the end of the calendar year in which they turn 26).

For a full list of eligible expenses, go to [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).



If you terminate your employment with Rollins and have an FSA, your date of service on any claims you submit for reimbursement must have a date of service prior to the end of the month in which you terminate.

Health Savings Account (HSA)

If you are enrolled in the \$2,850, \$4,500 or \$6,550 deductible plans, you may be eligible to open an HSA. Unlike an FSA, money left in your HSA at the end of the year rolls over to the next year.

Features of the HSA

- **You can choose to participate in an HSA at any time.** If you're enrolled in one of the Rollins high deductible plans and not currently enrolled in the HSA, you can choose to sign up any time during the year.
- **Company contribution just for being enrolled in the plan.** Rollins will contribute \$250 to your HSA if you get a free preventive care visit. The money will be deposited within two weeks of your effective date when you enroll during your initial enrollment window.
- **Works like a bank account.** Use the money to pay for eligible medical, prescription drug, dental and vision care expenses. You can use the HSA debit card to pay after you receive care, or reimburse yourself for payments you've made (up to the available balance in the account).
- **You can save.** You decide how much to save and can change that amount at any time. Changes in the amount you contribute take effect the first of the month. Contribute up to the annual IRS limit of \$3,500 for individuals or \$7,000 for family coverage (including the Rollins' contribution); \$1,000 additional contribution allowed for employees age 55+.
- **Never pay taxes.** Contributions are made from your paycheck on a before-tax basis, and the money will never be taxed when used for eligible expenses.
- **It's your money.** Unused money can be carried over each year and invested for the future – you can even take it with you if you leave your job.
- **Important!** When you enroll, you will need to elect your HSA contribution amount. You will also need to authorize Rollins to open the account on your behalf. From there, your account is automatically opened through Discovery Benefits.

To be eligible to open an HSA, you must meet the following criteria:

- Covered under a high deductible health plan
- Not covered under any health plan that is not a high deductible health plan
- Not currently enrolled in Medicare or TRICARE
- Not claimed as a dependent on another person's tax return (a spouse is not considered a tax dependent)
- Not receiving medical benefits through the VA during the preceding three months

The HSA Stays With You

If you leave employment or move to another plan option, this account is always yours, and the funds are available to use toward eligible out-of-pocket healthcare expenses. However, unless you are enrolled in the \$2,850, \$4,500 or \$6,550 deductible plans, you cannot make contributions to this account.

Once you reach age 65, the funds may be used as supplemental income for anything (funds will be taxed but not subject to a penalty).

Can I still contribute to an HSA if I am still actively employed at age 65? Yes, you may if you are not enrolled in any Medicare coverage (Part A, B, D, etc.). Contact Medicare prior to your 65th birthday to make sure you are not automatically enrolled in Medicare if you want to continue to make contributions to your HSA.

For more information about HSAs, please visit the IRS website at [irs.gov/pub/irs-pdf/p969.pdf](https://www.irs.gov/pub/irs-pdf/p969.pdf).



Moving from an FSA to an HSA? If you change from a Healthcare FSA one calendar year to an HSA the next calendar year, IRS rules state that your Healthcare FSA balance must be zero on December 31, or you will not be able to contribute to your new HSA until April 1.

Dependent Day Care Flexible Spending Account (FSA)

The Dependent Day Care FSA allows you to use tax-free dollars to pay for the care of eligible dependent children under age 13, as well as elder dependents that need care while you work.

- You can set aside up to \$5,000 annually for dependent care. You decide how much you should contribute for the year.
- Dependent Day Care FSAs do NOT cover the healthcare expenses of your dependents. For a full list of eligible expenses, go to [irs.gov/pub/irs-pdf/p503.pdf](https://www.irs.gov/pub/irs-pdf/p503.pdf).
- Claims can only be reimbursed when the funds have been deducted from your paycheck.

FSAs must be elected during your new hire eligibility period and re-elected each year during annual Open Enrollment for the next year. You are not automatically re-enrolled each year.

Plan carefully! Money left in your FSA does not roll over from year to year. You will forfeit your remaining balance in the FSA after March 31. The money comes out of your paycheck in equal amounts throughout the year, January through December.



Dependent Day Care FSA is administered by Discovery Benefits.



MetLife® Hyatt Legal Assistance Plan

The Legal Assistance plan can ease the biggest stresses of finding and paying for the right lawyer.

This plan is an insurance plan, underwritten by MetLife Hyatt Legal Insurance, that provides support and protection from unexpected personal legal issues including divorce and ID theft.

What you get with the Legal Assistance plan:

- You can choose an attorney in your area
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

The value of the Legal Assistance Plan

Being a Legal Assistance Plan member saves on costly legal fees and provides coverage* for:

HOME & RESIDENTIAL	AUTO & TRAFFIC
Purchase/sale/refinancing or primary residence or vacation/ investment home, Tenant dispute, Tenant security deposit dispute, Landlord dispute with tenant, Construction defect dispute, Neighbor dispute, Noise reduction dispute, Foreclosure	First-time vehicle buyer, Vehicle repair/lemon law litigation, Traffic ticket, Serious traffic matters (resulting in suspension or revocation of license), License Suspension (Administrative proceeding)
FINANCIAL & CONSUMER	FAMILY
Debt Collection, Bankruptcy (chapter 7 or 13), Tax audit, Document preparation, Consumer dispute, Small claims court, Mail order/ Internet purchase dispute, Bank fee dispute, Cell phone contract dispute, Warranty dispute, Healthcare Coverage disputes & records, Student loans, Financial advisor	Separation, Divorce (up to 20 hours), Name change, Guardianship/ Conservatorship, Adoptions, Juvenile Court Proceedings, Prenuptial agreement
ESTATE PLANNING & WILLS	GENERAL
Will or codicil, Living will, Healthcare Power of Attorney, Living Trust Document, Probate of small estate	Identity theft defense, Civil litigation defense, Incompetency defense, Misdemeanor defense, Initial consultation, Review of simple documents

* For more details about these benefits, go to RollinsBenefits.com, and under the menu, click "Additional Benefits," then "Voluntary Benefits," then "Legal Plan."

To learn more, call MetLife Hyatt Legal 1-800-438-6388.



Plan cost: \$17.50 monthly, via payroll deduction

Who's covered: Plan member, spouse, dependent children (up to the end of the month of their 26th birthday)

Additional Benefits

Products and services at incredible discounts

We're excited to offer you benefit options that support different aspects of your life and help you save money on important coverage for you and your family. Below is a summary of what's available. You pay for Identity Theft Protection and Pet Insurance through payroll deductions. You pay for Auto and Home insurance through direct pay to MetLife.

Identity Theft Protection

Services from InfoArmor® that monitor your identity, detect fraud and restore your identity in the event of theft.

- Get peace of mind by protecting yourself against the damage of identity theft.
- Certified privacy advocates act on your behalf to resolve identity theft issues.
- The plan offers proactive fraud detection and prevention to protect your privacy and finances including credit monitoring, annual credit reporting and monthly credit scores.
- You must enroll during your enrollment period.



Auto and Home Insurance

MetLife gives you access to personal insurance policies including home*, landlord's rental dwelling, condo, recreational vehicle, and boat insurance.

- Save up to 15% by purchasing this coverage through Mercer Marketplace 365.
- You receive no-obligation quotes and cost comparisons.
- You can enroll at any time during the year by calling Mercer Marketplace 365.

* Not available in MA or FL



Pet Insurance

Nationwide provides coverage to help you cover the costs of veterinary care.

- Protect against the financial impact of veterinary care while using any veterinarian worldwide.
- You are eligible to receive a discount of 5% or more on your payroll contributions.
- Covers surgeries, lab fees, X-rays, prescriptions and with the choice of two different plan options – for wellness and wellness/injury.
- Offers access to 24-hour vet helpline for care anytime, anywhere.
- You can enroll at any time during the year by calling Mercer Marketplace 365.



PerkSpot Online Discount Mall

PerkSpot gives you access to exclusive prices, discounts and offers from hundreds of local and national merchants.

- Provided by Rollins.
- You pay nothing to use this service.
- Save up to 40% through offers that interest you, including health clubs, movie theaters, restaurants, retailers, and cellphone providers.



Learn More

You'll find more details about these options when you enroll. Premiums for Auto & Home and Pet Insurance will be provided by the plan once you complete the enrollment process. Learn more at RollinsBenefits.com.

2019 Monthly Rates

Pages 27–29 include the **monthly** premiums for your benefits.

Medical Plans

Anthem and UHC

	\$900 DEDUCTIBLE PLAN	\$1,500 DEDUCTIBLE PLAN	\$2,850 DEDUCTIBLE PLAN	\$4,500 DEDUCTIBLE PLAN	\$6,550 DEDUCTIBLE PLAN
Employee Only	\$234.46	\$190.30	\$138.47	\$111.17	\$86.25
Employee + Spouse	\$603.60	\$490.37	\$370.19	\$304.96	\$249.37
Employee + Children	\$460.56	\$374.21	\$282.22	\$233.09	\$189.82
Employee + Family	\$702.47	\$570.84	\$431.03	\$355.80	\$289.87

Scott & White Health Plan (only available in the Dallas/Fort Worth, Waco and Austin, Texas areas)

	\$900 DEDUCTIBLE PLAN	\$1,500 DEDUCTIBLE PLAN	\$2,850 DEDUCTIBLE PLAN	\$4,500 DEDUCTIBLE PLAN	\$6,550 DEDUCTIBLE PLAN
Employee Only	\$211.01	\$171.27	\$124.62	\$100.05	\$77.63
Employee + Spouse	\$543.24	\$441.33	\$333.17	\$274.46	\$224.43
Employee + Children	\$414.50	\$336.79	\$254.00	\$209.78	\$170.84
Employee + Family	\$632.22	\$513.76	\$387.93	\$320.22	\$260.88

Kaiser (where available)

	\$900 DEDUCTIBLE PLAN	\$1,500 DEDUCTIBLE PLAN	\$2,850 DEDUCTIBLE PLAN	\$4,500 DEDUCTIBLE PLAN	\$6,550 DEDUCTIBLE PLAN
Employee Only	\$189.91	\$154.14	\$112.16	\$90.05	\$69.87
Employee + Spouse	\$488.92	\$397.20	\$299.85	\$247.01	\$201.99
Employee + Children	\$373.05	\$303.11	\$228.60	\$188.80	\$153.76
Employee + Family	\$569.00	\$462.38	\$349.14	\$288.20	\$234.79

365 HUB (SEE PAGE 14)

Best-in-class tools and services to manage your health year-round

\$4.27

ADDITIONAL MONTHLY CHARGES* (IF APPLICABLE)

Spouse Surcharge

\$150 per employee and/or spouse

Tobacco Surcharge

\$150 per employee and/or spouse

* Added to your medical deduction.

2019 Monthly Rates

Critical Illness Plan

AGE	EMPLOYEE COVERAGE LEVEL: \$10,000 (NON-TOBACCO USER)	EMPLOYEE COVERAGE LEVEL: \$10,000 (TOBACCO USER)	SPOUSE COVERAGE LEVEL: \$5,000 (NON-TOBACCO USER)	SPOUSE COVERAGE LEVEL: \$5,000 (TOBACCO USER)
18-29	\$5.33	\$7.10	\$3.43	\$4.31
30-39	\$8.05	\$12.01	\$4.78	\$6.77
40-49	\$14.70	\$22.60	\$8.11	\$12.06
50-59	\$27.58	\$44.12	\$14.55	\$22.82
60+	\$51.93	\$80.85	\$26.73	\$41.18

Accident Insurance Plan

COVERAGE LEVEL	RATES
Employee	\$10.35
Employee + Spouse	\$16.42
Employee + Child(ren)	\$21.44
Family	\$27.51

Dental Plan

COVERAGE LEVEL	BASIC PLAN	ENHANCED PLAN	DENTAL HMO
Employee	\$22.04	\$36.81	\$20.71
Employee + Spouse	\$44.09	\$73.61	\$34.48
Employee + Child(ren)	\$48.49	\$80.96	\$40.49
Family	\$72.74	\$121.45	\$60.52

Hospital Indemnity Plan

COVERAGE LEVEL	RATES
Employee	\$11.19
Employee + Spouse	\$22.01
Employee + Child(ren)	\$15.70
Family	\$26.52

Vision Plan

COVERAGE LEVEL	STANDARD PLAN	ENHANCED PLAN
Employee	\$4.94	\$11.28
Employee + Spouse	\$9.14	\$20.84
Employee + Child(ren)	\$9.38	\$21.39
Family	\$14.44	\$32.95

2019 Monthly Rates

Voluntary Term Life (VTL)

AGE	EMPLOYEE AND SPOUSE RATE/ \$1,000/ MONTH
< 24-29	\$0.065
30-39	\$0.095
40-44	\$0.150
45-49	\$0.245
50-54	\$0.440
55-59	\$0.530
60-64	\$1.060
65-69	\$1.700
70-74	\$3.670
75>	\$11.330

Disability

AGE	STD UNITS OF \$10 OF WEEKLY BENEFIT	LTD UNITS OF \$100 OF MONTHLY EARNINGS
< 24	\$0.238	\$0.224
25-29	\$0.255	\$0.224
30-34	\$0.247	\$0.224
35-39	\$0.230	\$0.224
40-49	\$0.281	\$0.532
50-54	\$0.349	\$0.742
55-59	\$0.468	\$0.742
60-64	\$0.578	\$0.742
65>	\$0.612	\$0.742

Child VTL

COVERAGE	RATES
\$5,000	\$0.50
\$10,000	\$1.00
\$15,000	\$1.50
\$20,000	\$2.00

Voluntary AD&D

COVERAGE LEVEL	RATES
Employee	\$0.025 per \$1,000
Family	\$0.035 per \$1,000

How can I calculate my disability rate?

Example: Mary is 52 years old and earns an annual salary of \$48,000.

STD CALCULATION EXAMPLE	LTD CALCULATION EXAMPLE
<p>WEEKLY BENEFIT (UNITS OF \$10 OF WEEKLY BENEFIT)</p> <p>The monthly premium is calculated based on the weekly benefit, age and rate:</p> <ul style="list-style-type: none"> Weekly earnings: $\\$48,000/52 \text{ weeks} = \\$923.08/\text{week}$ Benefit is 50% of weekly earnings: $\\$923.08/2 = \\$461.54/\text{weekly benefit}$ Weekly benefit/\$10 (unit rate) = 46.15 units 46.15 units x \$0.349 (age rate) = \$16.11 premium per month 	<p>MONTHLY EARNINGS (UNITS OF \$100 OF MONTHLY EARNINGS)</p> <p>The monthly premium is calculated based on the monthly earnings, age and rate:</p> <ul style="list-style-type: none"> Monthly earnings: $\\$48,000/12 \text{ months} = \\$4,000/\text{month}$ $\\$4,000/\\100 (unit rate) = 40 units 40 units x \$0.742 (age rate) = \$29.68 monthly premium Rollins pays 50% of the monthly premium: $\\$29.68 \div 2 = \\14.84 employee premium per month

USING YOUR BENEFITS



Our Journey. Our Well-Being.

Your health and well-being is important to Rollins. And, we want you to take a proactive approach and maximize your benefits' value. Use this section of the guide to help you learn about preventive care and programs that can support you as you take steps to get healthy, or consider treatment options to manage a condition. Knowing how to use your benefits is just as important as knowing the different options available to you.

Note: Some of these programs are offered directly through your health plan. To learn more about the specific programs available, contact your plan.

Save Money, Get Healthy

Get FREE preventive care. To help prevent illness and detect health problems early on, Rollins strongly urges you to receive all recommended preventive care each year. In-network preventive care services are covered in full at no cost to you.

Preventive care includes:

- **Well child visits, from birth through age 18**—exams and all recommended screenings and immunizations
- **Well adult care**—annual physicals and all recommended screenings, testing, and immunizations
- **Dental services** including cleanings and required X-rays
- **Preventive medications on the Optum HDHP Preventive Drug \$0 Copay List** if you are enrolled in the \$2,850, \$4,500 or \$6,550 Plan

Get \$250 Deposited in Your HSA

If you enroll in any of the HSA-eligible plans (the \$2,850, \$4,500 or \$6,550 deductible plans), Rollins will contribute \$250 to your HSA. That's free money! Use it to pay for qualified healthcare expenses. This tax-free account is always yours, and unused money rolls over each year.

A preventive exam is required to earn those dollars—and your pre-employment physical counts as a preventive exam! Rollins requires that each year, you get a free preventive exam (like an annual physical) or other wellness service (such as a mammogram or colonoscopy) to receive the company contribution.

New for 2019! Use the Health Advocate portal to track your 2019 HSA Company contribution. See page 35 to learn more.



Use Your Benefits Well

Get your FREE flu shot. Anthem, UHC and Scott & White Health Plan members have OptumRx for their pharmacy benefits. OptumRx contracts with a variety of national pharmacy chains to provide members with easy access to flu shots and other routine vaccines. Many vaccines can be obtained on a walk-in basis.

Show your OptumRx ID card before getting your flu shot or vaccine. The Rollins OptumRx plans cover routine vaccines at 100% when you use OptumRx network pharmacies or at your doctor's office. Kaiser Permanente members can get a no-cost flu shot at all of the Kaiser locations. Many even have walk-in flu shot clinics.

Know your health numbers. When you complete a wellness checkup with your physician, you'll get your health numbers. With the right information, you can be better prepared to address any health risks, which could potentially affect the quality of your life. Because some risk factors may have no symptoms, you could be at risk without knowing it. It's important to understand key numbers that impact your risks for health issues, including your blood pressure, cholesterol, waist size, body mass index (BMI), and blood sugar.

Take a health assessment through your plan. Identify your health risks (and see how your health compares to other members), then learn what steps you can take to improve your lifestyle and your health.

Become tobacco or smoke-free. As part of the enrollment process, Rollins requires employees enrolling in the medical plan to take the tobacco-free pledge and certify that neither you nor your spouse use tobacco. Tobacco use includes e-cigarettes, cigarettes, cigars, chewing tobacco and pipes. There is an additional surcharge of \$150 per month per employee and/or spouse who uses tobacco.

Quit For Life®

Show your heart some love—and quit smoking. When you do, the benefits start right away. Just one day after you quit, your risk for heart attack begins to drop. One year later, it's cut in half.

The Quit For Life® Program will give you a trained Quit Coach®. The coach understands why you smoke. More importantly, they know why you want to quit—for yourself and the people you love. A coach will work with you one-on-one by phone. Every coaching session gives you the know-how and positive encouragement you need to quit for good. Together, you'll map out a personalized quit plan that's right for you. Plus, your coach will give you tried-and-true strategies to fend off cravings, handle social situations, and avoid triggers that make you want to smoke.

Along with phone coaching, you'll have access to other tools to help you stay strong 24/7, including:

- Up to eight weeks of nicotine patches or gum at no additional cost to you
- Access to Web Coach®, an exclusive online community where you can track your progress and connect with others trying to quit
- A copy of the step-by-step Quit Guide to help you throughout your quit
- Text2QuitSM, a service that sends you personalized text message reminders, tips and encouragement tailored to your quit

Rollins will pay for you and/or your dependents to go through the Quit For Life® Program. Complete the program to have the tobacco surcharge removed from your monthly medical premium! AND, if you complete the Program by November 30, the surcharges you paid during the year will be refunded to you! Call 1-866-784-8454 or go to www.quitnow.net to start quitting today.

Action required!

If your tobacco use status changes at any time during the plan year, you are required to update your tobacco use certification immediately. Tobacco use certification only applies if you and/or your spouse are enrolled in a Rollins medical plan.



Using Tobacco Costs You Big \$\$\$!

We are not talking small amounts here – someone smoking a pack a day spends about \$177 a week on cigarettes, which is over \$9,200 each year.

Source: <https://www.smokefree.org.nz/smoking-its-effects/cost-of-smoking>

Use Your Benefits Well



Benefits for Rollins Moms!

Did you know that Rollins has a paid maternity leave benefit for female employees once that bundle of joy arrives? As of January 1, 2017, female employees who give birth will receive six or eight weeks of 100% paid maternity leave effective with the date of the delivery! Simply contact the Leave of Absence Specialist in the Rollins Benefits Department at 404-888-2714 at least 60 days prior to the delivery due date to ensure you receive your paid leave benefit timely.

Don't forget about the Employee Assistance Program (EAP)!

Rollins supports all types of growing families through the EAP. You can use the EAP to find childcare and more. See page 33.

Your health plan also has maternity programs that provide moms-to-be with telephone access to nurses to discuss pregnancy-related concerns. These programs offer education and tools to help track the pregnancy week-by-week and prepare for the baby. Call your health plan to get started.

Get help coordinating your care. Your Anthem or UHC Nurse can help you and your covered family members navigate the healthcare system and help you receive the most from your health benefits. If your health records indicate that you could benefit from this program, an Anthem or UHC Nurse will call you. You can also contact a nurse by calling the number on the back of your medical ID card.

Estimate your cost for care

Our plans include online resources to help you plan for the cost of care. You have to register to use these sites before you get started. See below for a brief description of what's available to you.

Plan Website Tools

ANTHEM	UNITEDHEALTHCARE (UHC)	SCOTT & WHITE HEALTH PLAN (SWHP)	KAISER
<p>www.anthem.com</p> <ul style="list-style-type: none"> ■ Login to account ■ Click "Care & Cost Finder" ■ Enter a doctor, service or condition to search 	<p>www.myuhc.com</p> <ul style="list-style-type: none"> ■ Login to account ■ Select "Coverage and Benefits" ■ Scroll to the bottom and click "Health Care Cost Estimator" ■ Enter zip code to search, and continue through the steps 	<p>www.swhp.org</p> <p>Includes a medical cost estimator, HSA contribution calculator and FSA calculator.</p>	<p>www.kp.org</p> <ul style="list-style-type: none"> ■ Login to account ■ Click "Coverage & Costs" ■ From the menu on the right side of page, click "Get a cost estimate" ■ Enter the details of the services you wish to search

Employee Assistance Program (EAP)

Your mental and emotional well-being is extremely important to Rollins. We want all of our employees to live a happy and healthy life, and mental fitness is an important part of achieving this goal. With this in mind, Rollins offers a comprehensive Employee Assistance Program (EAP) through EAP Works to help you with some of life's challenges.

Individual, couples and family counseling may be helpful for a variety of concerns such as: stress, parenting issues, grief over the loss of a loved one, anxiety, depression, substance abuse and other personal concerns.

EAP Works also provides work/life resources for childcare, eldercare, financial and legal issues. **All employees and dependents have access to the following free, confidential counseling and referral services.**

BENEFITS	ACCESS TO SERVICES (PER YEAR)
24/7 support for personal concerns	Unlimited
Face-to-face or telephone counseling	4 free sessions per issue per year
Childcare and eldercare resources available in 3 days	Unlimited
Financial and legal consultation	30-minute consultation per issue

Key things to know about EAP Counseling Benefits

- **Ease of access:** You do not need to be enrolled in a Rollins medical plan to participate in the EAP. Employees and dependents may use the toll-free line (1-888-882-1985) as the single access point for EAP services. The experienced staff will explain the EAP service, arrange an "in-person" or "telephone" assessment and approve you to begin work with your EAP counselor. The assessment can help identify issues and appropriate courses of action.
- **In-network care:** In most cases, your EAP Counselor will be in your insurance network, allowing you to continue to see the same counselor if you need more than the four free EAP sessions. If your counseling continues after four sessions, you will need to pay your deductible and coinsurance to continue with your sessions.
- **Contact information:** Whether you're looking for information, work/life resources or confidential counseling, EAP Works can help with a simple call to **1-888-882-1985** or online at www.eapworklife.com (username: pest; password: control).



Struggling with the day-to-day challenges of life? Having a little trouble staying focused on getting through each day? Call EAP Works!

Why it Matters Where You Go for Care

When you or a loved one is sick or hurt, your priority is getting care as soon as possible. Sometimes your first choice is going to the emergency room. Did you know that you have other options that can save you time and money? See the chart below for a breakdown of different ways to receive care and find out what you may pay out of pocket.

WHERE TO GO/ WHO TO CALL	EXAMPLES OF CARE YOU MIGHT NEED	ESTIMATED COST
Your plan's 24/7 Nurseline	Call the number on your plan ID card for expert advice including: <ul style="list-style-type: none"> ■ Choosing where to get medical care ■ Finding a doctor or hospital ■ Health and wellness help ■ Answers to health questions 	\$0
Online Doctor Visits \$ Anywhere, anytime!	Online Doctor Visits let you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy. It's faster, easier and more convenient than a visit to an urgent care center. Use these visits for: <ul style="list-style-type: none"> ■ Sinus problems ■ Cold ■ Flu ■ Fever ■ Rashes ■ Infections ■ Allergies ■ Pinkeye ■ Any other common health condition 	Anthem and UHC Plans \$49 Kaiser \$0
Retail Clinics* \$ Treatment that's nearby	<ul style="list-style-type: none"> ■ Cold, flu or allergy symptoms ■ Earache, sore throat or other acute minor concern ■ Minor cuts or skin conditions (e.g., rashes) ■ Get your annual flu shot ■ Minor injuries 	\$65
Primary Care Physician (PCP)* \$\$	<ul style="list-style-type: none"> ■ Cold, flu or allergy symptoms ■ Earache, sore throat or other acute minor concern ■ Minor cuts or skin conditions ■ Get your annual flu shot ■ Routine care 	\$120
Urgent Care* \$\$\$ Quicker, after-hours care	<ul style="list-style-type: none"> ■ Low back pain ■ Respiratory (cough, pneumonia, asthma) ■ Stomach (pain, vomiting, diarrhea) ■ Infections (skin, eye, ear/nose/throat, genital-urinary) ■ Minor injuries (burns, stitches, sprains, small fractures) 	\$190
Emergency Room (ER)* \$\$\$\$ For serious immediate needs	<ul style="list-style-type: none"> ■ Chest pain ■ Shortness of breath ■ Severe asthma attack ■ Major burns ■ Severe injuries ■ Kidney stones 	\$1,700

*Based on data from UHC

Register for Online Doctor Visits Today Before You Need It!

Employees enrolled in a Rollins medical plan have access to online doctor visits through...

- Anthem: www.LiveHealthOnline.com
- UnitedHealthcare: www.uhc.com/virtualvisits
- Kaiser: www.kp.org/mydoctor/videovisits

It really works! I used Online Doctor Visits for myself and within minutes I was connected to a doctor who diagnosed me with the flu and called in my prescriptions. I was feeling better by the next day.



NEW Wellness Portal for 2019, brought to you by Health Advocate!

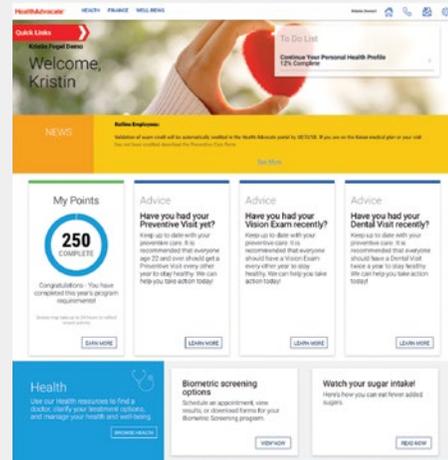
Get Healthcare Help and Improve Your Well-Being

If you're enrolled in a Rollins medical plan, better health is at your fingertips. Whether you want to eat better, get fit, stop smoking, stress less, the Health Advocate wellness website can help. Just log on through your computer or mobile device to access a wide variety of helpful resources and improve your health at your own pace.

On the Health Advocate wellness website, www.healthadvocate.com/rollins, you can:

- **Complete your confidential Personal Health Profile** to get a snapshot of your current health status and risk for certain diseases and conditions.
- **Use Progress trackers** with the ability to sync your fitness device.
- **Start a Health Challenge** for yourself or with others.
- **Access MedChoice Support™** for help making health decisions.

Check your Health Savings Account (HSA) Contribution!



Did you complete your preventive exam and you plan to enroll in one of the HSA-eligible plans? Then, you're eligible for the 2019 Rollins HSA contribution of \$250!

Log in to the Health Advocate Portal. If you're already registered, sign in with your username and password. If you haven't registered yet, click "Register Now" and continue with the steps.

Rollins offers the following Health Advocate services to all employees and their families

Unlimited, confidential access to a Personal Health Advocate, typically a registered nurse supported by medical directors and benefits and claims specialists, who can get to the bottom of a wide variety of healthcare and insurance-related issues, no matter how long it takes.

Your Personal Health Advocate can help:

- Find the right doctors and hospitals
- Explain benefits coverage and health conditions; research the latest treatments
- Schedule tests, appointments; secure second opinions
- Resolve billing and claims issues; locate eldercare services

Any employee eligible for Rollins benefits, their spouses, dependent children, parents, and parents-in-law can take advantage of Health Advocate's services – at no cost to you, and it's completely confidential. You don't have to be covered by a Rollins medical plan.



Health Advocate is available at 1-866-695-8622, from 8 am to Midnight Eastern Time, Monday through Friday.

Your Member ID Card

Using your benefits starts with your member ID card. Your card has your name and your member ID number. You'll need this ID number when you visit a healthcare provider or pharmacy or when you call your plan.

Need to print a temporary ID card?

Did you misplace your member medical ID card, or have you enrolled but not received your card yet? There's no need to worry—you can request a replacement card and print a temporary ID card on your medical, dental or vision plan's website. Be sure you are first registered to use the site. **You must contact your plan to request a new ID card.**

Coverage While Traveling Outside of the U.S.

Anthem, UHC and Scott & White Health Plan

If you need emergency medical care, go to the nearest hospital. Call the customer service number on the back of your ID card.

If you are enrolled in a Rollins medical plan, you may be able to receive coverage for certain services. Remember, emergencies are covered at the in-network rate. When you are planning a trip, keep these tips in mind:

- Always carry your member ID card.
- Before you travel, contact your plan for coverage details.
- If you need to locate a doctor or hospital, call your plan's customer service center.
- Be clear on the process of filing claims, for when you return home.

If you are admitted to the hospital, you may be asked to pay for emergency services when you receive care. Before leaving the emergency facility, please request an itemized bill, which you will need to include when filing the claim to your plan.

Kaiser Permanente

Coverage at a glance:

- **Emergency or Urgent Care:** Kaiser Permanente's emergency/urgent care coverage works worldwide. For emergency care, just call 911 or go to the nearest hospital emergency room. For urgent care, visit the nearest urgent care center.
- **Routine and Specialty Care:** Kaiser Permanente's medical offices in any of their service areas: Northern and Southern California, Oregon, Washington, Colorado, Washington D.C., Maryland, Virginia and Georgia.
- **Traveling away at school? We've got you covered.** As a member of the Kaiser Permanente family, you don't have to worry about your coverage when you travel. When an emergency happens, you'll be covered, whether you're around the world, across the country or down the street.

Call Us 24/7. For help before, during and after your trip, call the Kaiser Away from Home Travel Line at 1-951-268-3900.



Financial Security

Regardless of what your retirement dreams are, you're going to need to start saving! You work and save now to improve your quality of life later. It's part of Rollins' goal to help you live well.

401(k) Plan Participation

With the Rollins 401(k) Plan, regular full-time employees are automatically enrolled on the first day of the quarter (January 1, April 1, July 1 or October 1) after having worked for three months. Part-time employees are automatically enrolled on the first day of the quarter (January 1, April 1, July 1 or October 1) after having worked for one year and at least 1,000 hours.

Automatic Enrollment

When you are automatically enrolled in the Plan, you will be set up to contribute 3% of your pay into a 401(k) account. Your contributions will be invested in the Moderate GoalMaker portfolio; however, you can change your contribution and investment choices to match your goals anytime!

Matching Contribution

Rollins makes a matching contribution to your 401(k) account each quarter that you participate in the Plan, matching **dollar for dollar up to 3%** of your pay AND **50 cents for every dollar on the next 3%**. If you are not contributing at least 6% into your 401(k), you are not receiving the full match – that means you're leaving money on the table!

Additional Contribution Opportunities

Once enrolled in the 401(k) Plan, you may:

- Contribute 1% to 75%¹ of your annual pay before taxes are deducted.²
- Make after-tax Roth contributions to the Plan.²
- Make additional catch-up contributions if you will be at least 50 years old in 2019.

¹ If you are a highly compensated employee, you are subject to an 8.5% contribution limit.

² In 2018, federal tax law allows you to make a combined contribution of before-tax and Roth contributions to your retirement plan up to \$18,500.

Accelerate Your Contributions!

Simply access your Prudential account and sign up for the "Contribution Accelerator." This option is an easy way to raise your contribution amount over time by entering future, **automatic** contribution increases to the Plan. It's easy! Just specify the percentage of your pay you want to contribute and the date you want the increase to take effect. And, if you schedule the accelerator to coincide with an annual pay increase, you won't even notice the increased contribution out of your paycheck! If needed, you can opt out of this feature at any time.

Declining Enrollment in the 401(k)

Although we don't recommend not participating in the 401(k), we understand that everyone's situation is different. Therefore, if you decide that you do not want to participate in the Plan, you **must** decline enrollment. Visit www.prudential.com/online/retirement or call 1-877-778-2100 for help with managing your account and answering questions, Monday through Friday, 8 a.m. to 9 p.m. ET.

Employee Stock Purchase Plan (ESPP)

The Employee Stock Purchase Plan (ESPP) is designed to help you realize your long-term financial goals. It is an easy, convenient way for you to supplement your current investment plan with a systematic investment plan. Simply decide how much money you want to set aside each pay period (minimum of \$5), and you will begin to accumulate partial and whole shares of Company stock. You are eligible to have payroll deductions taken to purchase stock out of your very first paycheck!



For more information on the 401(k) and ESPP, go to RollinsBenefits.com and under the menu, click "Retirement/Stock."

Planning your Retirement?

Here's what you need to know

To continue your Rollins medical, dental and/or vision coverage through COBRA, you and any eligible dependents must be enrolled in these plans at the time you retire. If you are not currently enrolled in these plans and wish to carry coverage as a retiree, you will need to enroll in these during Open Enrollment the year prior to your retirement date.

Remember to Plan for Future Healthcare Expenses

Health Advocate can help you transition to Medicaid or Medicare.

Get help completing your application for individual medical coverage options, including Medicaid and Medicare. Health Advocate can also help with the transition of insurance coverage and benefits, from Rollins' insurance to Medicare. Call Health Advocate at 1-866-695-8622.

Medicare may not be enough – use your HSA for MORE retirement savings!

If you build a large enough balance, you can invest those HSA funds like you do in 401(k), and use the money on healthcare expenses during your retirement.

- Once your balance reaches \$1,000, you can choose to invest it. Investing can help you build savings for medical expenses in later years.
- Once you reach age 65, your HSA acts like a traditional IRA, and withdrawals are subject to income tax.
- You cannot contribute to an HSA once you enroll in Medicare Part A and/or Part B. But once you turn 65, you can use your HSA to pay Medicare or long-term care premiums, medical expenses or any expense you like, without paying the 20% tax penalty.
- The money you contribute – along with any interest or investment earnings – is always yours to keep.

I'm turning 65 this year and still actively working. What do I need to do?

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- If you're turning 65 this year, you'll be getting a Medicare Enrollment kit giving you the option to enroll in Medicare Parts A and B, as well as Medicare Part D. You'll be getting the kit 60 to 90 days before your birthday. Please read the Medicare materials carefully, as it helps to know all you can when you make a decision about enrolling in Medicare.
 - If you are an active Rollins employee, and you get your health insurance through Rollins, your Rollins coverage will be your primary insurance, and Medicare will be your secondary coverage as long as you are actively employed.
 - Please remember your Rollins healthcare coverage as an active employee is Creditable Coverage for Medicare Parts A, B and D. If you are enrolled in healthcare coverage through Rollins as an active employee, you will not be penalized if you put off enrolling in Medicare Parts A, B and D until your retirement.

For more information, visit the Medicare website at <http://medicare.gov>, or call Health Advocate at 1-866-695-8622.

Benefit Contacts

BENEFIT	TELEPHONE	WEBSITE	GROUP NUMBERS
MERCER MARKETPLACE 365			
Benefits Call Center Monday–Friday 7 a.m.–9 p.m. Eastern Time	1-844-851-5419	www.mercermarketplace.com/rollins	
MEDICAL			
Anthem	Customer Service: 1-877-331-4331 24 hour nurse line: 1-800-700-9184 Future Moms: 1-866-664-5404	www.anthem.com	006000505
Kaiser Permanente	<p>Colorado Denver: 1-303-338-3800 Mountain: 1-844-837-6884 Northern: 1-844-201-5824 Southern: 1-888-681-7878</p> <p>Georgia 1-888-865-5813</p> <p>Mid-Atlantic (Washington D.C., Maryland, and Virginia) 1-301-468-6000</p> <p>Northwest (Oregon and South Washington) Oregon: 1-800-813-2000 Southern Washington: 1-800-813-2000</p> <p>North and South California 1-800-464-4000</p> <p>Washington (Seattle/Spokane/ Tacoma areas) 1-888-901-4636</p>	www.kp.org	<p>Colorado: 35886</p> <p>Georgia: 10310</p> <p>Mid-Atlantic: 24786</p> <p>Northwest: 21262</p> <p>North California: 605679</p> <p>South California: 233280</p> <p>Washington: 25635</p>
Scott & White Health Plan	Health Plan: 1-800-321-7947 Nurseline: 1-877-505-7947	www.swhp.org	6055
UnitedHealthcare	1-844-859-5009	www.myuhc.com	906109
HEALTH ADVOCATE			
Health Advocate	1-866-695-8622	www.healthadvocate.com/rollins	
ONLINE DOCTOR VISITS			
Anthem	N/A	www.livehealthonline.com	
Kaiser	N/A	www.mydoctor.kaiserpermanente.org	
UnitedHealthcare	N/A	www.myuhc.com	

BENEFIT	TELEPHONE	WEBSITE	GROUP NUMBERS
DENTAL			
Cigna	1-800-244-6224	www.mycigna.com	3325696
VISION			
EyeMed	1-866-723-0514	www.eyemedvisioncare.com	Standard: 1002817 Enhanced: 1002818
SAVINGS/SPENDING ACCOUNTS			
Discovery Benefits HSA/FSAs	1-877-248-0510	accounts.mercermarketplace.com/rollins	
LIFE/DISABILITY			
Voya	1-866-448-7351	https://presents.voya.com/EBRC/RollinsInc	00707392
EMPLOYEE ASSISTANCE PROGRAM (EAP)			
EAP Works	1-888-882-1985	www.eapworklife.com (Username: Pest; Password: Control)	
PHARMACY BENEFITS			
OptumRx	1-844-265-1720	www.optumrx.com	
BriovaRx (for specialty medications)	1-855-427-4682	www.briovarx.com	
SUPPLEMENTAL BENEFITS			
Aflac Accident, Critical Illness, Hospital Indemnity	1-800-433-3036	www.aflac.com/rollins	22002
365 HUB	1-866-385-8032		
VOLUNTARY BENEFITS			
Nationwide Pet Insurance	1-877-738-7874	www.petinsurance.com	4518
MetLife Hyatt Legal Plan	1-800-438-6388	www.legalplans.com	609-Plan; 1154-Local
InfoArmor ID Theft	1-800-789-2720	www.infoarmor.com/exchange	
MetLife Auto and Home	1-800-438-6388	www.metlife.com/us-grpautohome/mercercmarketplace-eligible/#auto	9140942
PerkSpot Discount Mall	1-866-606-6057	rollins.perkspot.com	
401(K) SAVINGS PLAN			
Prudential	1-877-778-2100	www.prudential.com/online/retirement	

Federally Required Notices

Important Notice from Rollins About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Rollins medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2019. This is known as “creditable coverage.”

Why this is important: If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2019 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records. **If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.**

Please read the notice below carefully. It has information about prescription drug coverage with Rollins and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium. Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Rollins prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2019. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- \$900 Deductible Plan – \$4,800/\$9,600 Out-of-Pocket Maximum
- \$1,500 Deductible Plan – \$5,200/\$10,400 Out-of-Pocket Maximum
- \$2,850 Deductible Plan with HSA – \$6,550/\$13,100 Out-of-Pocket Maximum
- \$4,500 Deductible Plan with HSA
- \$6,550 Deductible Plan with HSA

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary, as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Rollins coverage, Medicare will be your only payer. You can re-enroll in the employer plan at Open Enrollment or if you have a special enrollment event for the Rollins plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Rollins and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this Rollins coverage changes or upon your request.

Visit www.medicare.gov for personalized help. Call your state Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number). Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA).

For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember. Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact the:

Benefits Department
2170 Piedmont Rd., NE
Atlanta, GA 30324
1-404-888-2093



Mercer Marketplace
PO Box 14562
Des Moines, IA 50306

REVIEW YOUR BENEFITS!

Don't miss your opportunity to enroll
or make changes to your benefits
before your enrollment deadline.

Take action by November 5!

